

Work Order Authorization (WOA)

1. WOA Title		2. WOA No.		4. Open Date											
		3. Originator/Code/Phone		5. Close Date											
6. Project/Organization		7. Item Name/Description													
8. Item Type Receiving Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No [If yes, use Receiving Inspection Instructions.] Customer-Supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No Category <input type="checkbox"/> EEE Part <input type="checkbox"/> Mech Part <input type="checkbox"/> Software <input type="checkbox"/> Sub Assem/Assem <input type="checkbox"/> Flight <input type="checkbox"/> Sybsystem/System <input type="checkbox"/> GSE <input type="checkbox"/> Component Next Higher Assembly _____		8a. Item Configuration #/Rev		8b. Serial # (when applicable)											
		9. Description of Work/Supplier Information													
		10. Required Documents													
11. Safety/Special Requirements or Support		If yes box[es] checked, provide details.		12a. WOA Plan Approval – Sig./Code/Date											
<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Hazardous Operations</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Special Requirements/Support</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-Standard Operating Procedures</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					Yes	No	Hazardous Operations	<input type="checkbox"/>	<input type="checkbox"/>	Special Requirements/Support	<input type="checkbox"/>	<input type="checkbox"/>	Non-Standard Operating Procedures	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No													
Hazardous Operations	<input type="checkbox"/>	<input type="checkbox"/>													
Special Requirements/Support	<input type="checkbox"/>	<input type="checkbox"/>													
Non-Standard Operating Procedures	<input type="checkbox"/>	<input type="checkbox"/>													
13. Event #	14. Responsible Code	15. Event Description	Signature or Initials and Date		18. PR/PFR#										
			16. Performed by	17. Inspected by	19. Product Disposition Completion Date										

Continuation Sheet for WOA # _____[illegible]

Instructions for WOA and Continuation Sheet (All entries in ink)

Work Order Authorization (WOA)

1. WOA Title - Brief reference description of the work to be performed.
2. WOA Number – Unique number assigned for reference purposes (e.g., numbering scheme based on project acronym, issue date, and sequentially generated #).
3. Originator/Code/Phone - Printed name of the person initiating the form, the organizational code and telephone number.
4. Open Date - Date the WOA is initiated by the originator.
5. Close Date - Date the WOA is completed, verified, and all problems closed.
6. Project/Organization – Associated Project or Organization name, if applicable.
7. Item Name/Description – Name of the product associated with the WOA.
8. Item Type – Check appropriate yes or no blocks. Check appropriate category blocks. Indicate Next Higher Assembly, if appropriate. If “yes” for Receiving Inspection is checked, use WOA Receiving Inspection Instructions in brackets for steps 9. and 15. below.
 - 8a. Item Configuration #/Rev. – Configuration identification (e.g., part no., assembly no.) designated in drawing/design documentation and configuration revision (if not original configuration).
 - 8b. Serial # - Serialized identification, when a product requirement.
9. Description of Work/Supplier Information – A summary describing the task to be performed, if block 1 reference title is insufficient. All detailed step-by-step descriptions shall be listed under ‘Event Description’.

[Receiving Inspection Instructions: Description of Work/Supplier Information – Record the following information: supplier name, city, and state (or country). Also include the contract or purchase order number, if applicable. Note: This information is only required if supplier performance records will be created (see GPG 4520.2)]

10. Required Documents - Any document (with revision identified) that will be used in the performance of this WOA (e.g., drawing, procedure, instruction).
11. Safety/Special Requirements or Support – Check appropriate yes or no boxes. If “yes” for one or more blocks is checked, provide details in space provided. Hazardous Operations should be checked if the planned operations require special engineering controls (mitigating equipment, interlocks, guarding, etc.), special administrative controls (personnel training, non-standard operating procedures, excessive or unusual hours of operation, etc.), and/or the use of personal protective equipment (respirators, hardhat, hearing protection, etc.). Special Requirements/Support should be checked if the planned operations require any special notes, work environment considerations, necessary supporting equipment or personnel. Non-Standard Operating Procedures should be checked when standard operating procedures are inadequate to mitigate hazards (electrical, mechanical, chemical, radiation, etc.) associated with the planned operation.

Note: The originator and/or PDL are responsible for the safe execution of the WOA. It is highly recommended that the Systems Reliability and Safety Office/Code 302 be consulted concerning hazardous procedures.

12. WOA Approvals
 - 12a. Plan Approval – Signature (First initial and last name), Code, Date
 - 12b. WOA Close Out Approval – Signature (First initial and last name), Code, Date
13. Event Number - Sequential numbers within each WOA.
14. Responsible Code – Organization responsible for performing the event.
15. Event Description – Detailed action to be performed and/or reference to procedures/instructions.

[Receiving Inspection Instructions: Event Description – Detailed action to be performed and/or reference to procedures/instructions. As a minimum, one of the Receiving Inspection events shall read, "Perform, kind, count, and condition inspection." If supplier performance records will be created (see GPG 4520.2), inspection results for the following items shall then be recorded on the form: # accepted, # rejected, scheduled delivery date, and actual delivery date. Additional Receiving Inspection events may be added as appropriate.]

16. Performed By Signature or Initials and Date – Signature (first initial and last name) or initials of event performer and date of event accomplishment. If event is an “inspection” event only, write “N/A” or “/” in this block before proceeding to next event.
17. Inspected By Signature or Initials and Date – Signature (first initial and last name) or initials of inspector indicating satisfactory (meeting acceptance criteria) accomplishment of event. Entry required for all inspection events or events referencing other procedures/instructions requiring inspection. For events that are not inspected, write “N/A” or “/” in this block before proceeding to next event.
18. PR/PFR # - The number of the Problem Report/Problem Failure Report (see GPG 5340.2) generated as a result of events producing results which do not meet acceptance criteria.
19. Product Disposition Completion Date – Date when nonconforming product identified in the PR/PFR (see block 18) has been dispositioned (see GPG 5340.2), including completion of any rework, repair or reclassification. Attach a copy (and/or provide electronic accessibility) of the PR/PFR indicating disposition approval. Include in data package all objective evidence that disposition has been carried out (e.g., rework/repair WOA’s).

WOA Continuation Sheet

- Indicate WOA# which this form continues.
- Indicate sequential page number. Example Pg “3” of ____.
- Upon completion of WOA, indicate final page number on final page (and preferably all pages). Example: Pg 10 of “10.”
- Blocks 13. – 19. instructions are the same as above.